
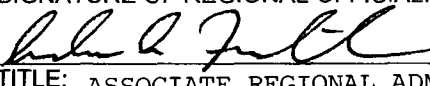


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 04 - 19	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: September 01, 2004	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2004 \$ 0 b. FFY 2005 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT	
10. SUBJECT OF AMENDMENT: This amendment modifies the consumer directed services requirement for spending funds on attendant compensation from the funds available to the client for purchasing services. This change makes the spending requirement for consumer directed services for Primary Home Care.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: David J. Balland Interim State Medicaid/CHIP Director Post Office Box 13247 Austin, Texas 78711	
13. TYPED NAME: David J. Balland			
14. TITLE: Interim State Medicaid/CHIP Director			
15. DATE SUBMITTED: August 27, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 31 AUGUST 2004		18. DATE APPROVED: 8 OCTOBER 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 SEPTEMBER 2004		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: ANDREW A. FREDRICKSON		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

Attachment to HCFA-179 for
Transmittal No. 04-19, Amendment 683

Number of the
Plan Section or Attachment

Attachment 4.19-B
Page 6(f)

Number of the Superseded
Plan Section or Attachment

Attachment 4.19-B
Page 6(f)
03-17

XI. Consumer Directed Services

- (1) Consumer Directed Services (CDS) are made available to eligible clients in the Primary Home Care (PHC) program.
- (2) The sum of the contracted provider payment amount and the payment amount for CDS must not exceed the hourly attendant compensation enhancement participant payment rate made to contracted providers not participating in CDS. The contracted provider payment amount is determined by modeling the estimated costs to carry out the responsibilities of the contracted provider under CDS. The payment amount for CDS is determined by subtracting the contracted provider payment amount from the attendant compensation enhancement participant payment rate made to contracted providers not participating in CDS.
- (3) The contracted provider payment amount is paid to the contracted provider as a percentage of the amount expended and claimed for CDS to the state for reimbursement.
- (4) Clients must expend for CDS an average hourly compensation amount for attendants equal to the calculated attendant compensation rate component of the rate per hour of service for contracted providers not participating in CDS divided by 1.10. Compensation includes salaries and wages, payroll taxes, workers' compensation, employee benefits/insurance, and mileage reimbursement.

SUPERSEDES TN 03-17

STATE <u>Texas</u>	A
DATE REC'D <u>8-31-09</u>	
DATE APP'D <u>10-8-09</u>	
DATE EFF <u>9-1-09</u>	
HCFA 179 <u>04-19</u>	